Vol. 22(2), 2022, pp.139-152, ISSN: 2072-0394(Print), ISSN: 2663-8886(Online)

The Issues and Challenges Faced by Lady Health Workers in Maternal Health Care in Rural Communities: An Evidence from South Punjab

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Abstract

TheLady health worker (LHW) programme is one of the important steps that have been taken by the Pakistan since 1994 to connect with communities and create awareness among different segments of population particularly women on their maternal health. This LHW programme has managed to developed a system that connects rural communities especially women with the first level care facility in communities with great focus on maternal health care. The current paper aims to identify the challenges and issues faced by the lady health workers while they work in rural communities and emphasiszes on women's maternal health rights. The study has also assessed the administrative hurdles at government level that undermines the performance of LHW while working in rural communities of South Punjab. This research is qualitative in nature. Data has been collected using method of focus group discussion (FGD). Two FGDs were conducted from each district of South Punjab known as Muzaffargarh and RajunPur. Thematic analysis has been be used to analyse the data. The study will be helpful for policy makers, health departments and other government agencies. It may assist them to formulate and plan better maternal health care programmes while focusing on hurdles in its way like the socio-cultural issues and improving the working of existing programmes like LHW in country.

Keywords: Lady Health Worker (LHW), Maternal Health, Rural Communities, South Punjab.

تلخیص

ریاست پاکستان کی جانب سے ۱۹۹۴ء سے جاری لیڈی ہیلتھ ورکر پروگرام مختلف برادریوں اور علاقوں میں زچگی سے متعلقہ مسائل اور ان پر آگاہی کا ایک بہترین قدم ہے۔ لیڈی ہیلتھ ورکرز زچگی کی خاص کر ابتدائی توجہ اور معلومات دیہی

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برادریوں اور علاقوں میں رہنے میں اور ایک مضبوط سیٹ اپ فراہم کرنے میں کامیاب رہی ہیں۔ موجودہ تحقیقی مقالہ ان مسائل اور چیلنجز کی بات کررہا ہے جو ان لیڈی ہیلتھ ورکرز کو درپیش ہوتے ہیں جو دیہی علاقوں میں زچگی کے متعلق معلومات اور راہنمائی فراہم کرتی ہیں۔ تحقیق کے لیے کوالیٹیٹو طریقے کا استعمال کیا گیا ہے اور ڈیٹا فوکس گروپ ڈسکشن کی مدد سے اکٹھا کیا گیا ہے۔ ڈیٹا کا تجزیہ تھمیٹک تجزیہ کے طریقے کی مدد سے کیا گیا ہے جبکہ ڈیٹا پنجاب میں راجن پور اور ڈی جی خان سے اکٹھا کیا گیا ہے۔ یہ تحقیق پالیسی سازوں، صحت کے اداروں اور دوسری حکومتی ایجنسیوں کو زچگی اور خواتین کے متعلق مسائل اور آگاہی کے ساتھ ساتھ لیڈی ہیلتھ ورکرز کے اس ضمن میں کردار اور درپیش مسائل کو اُجاگر کرتے ہوئے اداروں کو ان اُمور میں بہتری کی تجاویز فراہم کرے گی۔

کلیدی الفاظ: لیڈی ہیلتھ ورکرز، صحتِ زچگی، دیہی برادریاں، جنوبی پنجاب۔

Introduction

While speaking globally in terms of development strategies being formulated, the maternal health and the reduction of maternal mortality is considered one of the key determinants around the world. Despite of the scientific progress in the field of medicine, in every two minutes, a pregnant woman dies somewhere in world due to pregnancy related complication (Riley et al.,2019). The greater (almost 94 percent) of such deaths are reported in developing world (World Health Organization, 2019). Pakistan currently stands at fifth position in terms of high population in the world. The maternal health indicators in Pakistan presents a dismal picture. This is evident in maternal mortality rate of the country which is estimated 319/100.000 live births in Pakistan (Aziz, et al., 2020). While particularly highlighting the significant reasons of maternal mortality and pre-requites of maternal health care, there is scientific evidences that reveals the importance of socio-cultural factors that contribute in a greater manner towards women maternal health care in Pakistan. Besides that multiple religious, cultural and social factors that influence women choice in maternal health care in rural Pakistan, women continue to die due to pregnancy related complications in Pakistan. This shows women's miserable and vulnerable situation as well aslack of access to maternal health careservicesparticularly in underdeveloped regions of the country (Mumtaz et al., 2012).

Though there have been some improvements in Pakistan's health care sector in past decade but state of Pakistan is using only 1.2 percent of its GDP in health sector while the WHO suggests at least 5 percent of GDP on health sector (Finance Department Government of Pakistan, 2021). With its limited resources, one of the pivotal initiatives in past few years taken by the Government of Pakistan in health sector is its lady health

worker programme (LHW). This programme has been a breakthrough in thehealth sector of thecountry, particularly in maternal health careservices. It has connected communities and has enabled different segments of population specifically women with awareness and provision of first level medical care services with a greater focus on maternal health (Hafeez et al., 2010; Shaikh & Hatcher, 2005).). Since 1994, with 110,000 LHWs appointed, trained and deployed in various parts of country to carry out household visits advice and facilitate in health promotion activities (Mumtaz et al., 2013; Jafree et al., 2022).

In rural areas, this programme has assisted women with less education, less resources and with great dependencyon men to obtain health facilities particularly in maternal health domain. Beside that these lady health workers deliver great services in culturally appropriate manner particularly in rural and urban slums with their coordinating efforts to assist traditional birth attendants and midwives in assisting pregnant women and advising best maternal health care facilities (Khan, 2011; Pfeiffer & Mwaipopo, 2013). Despite of the success this programme has gained and trust this programme has earned, there have been certain challenges these lady health workers are facing in terms of financial constraints, sub optimal functional services of health department, political interference, management issues and non-conducive environment to work in communities (Lassi, Kahn, & Zulliger, 2020; Haq, Iqbal & Rahman, 2008; Afzal et al., 2016).

Aim of Study

The current paper aims to identify the challenges and issues faced by the lady health workers while they work in rural communities and emphasize maternal health rights. The study has also assessed the administrative hurdles at thegovernment level that undermines the performance of LHWs while working in rural communities.

Review of Literature

There is a great focus on women maternal health whichis a key indicator to view the status of women in Pakistan or any other country. Mujahid et al., (2015) have reviewed data from significant resources and have identified catalysts for over all women's empowerment. The study recognized social empowerment as a crucial factor of access to health, literacy and justice. It also highlighted that social factors require drastic changes to improve women's health status.

Kurji, et al., (2016) in their study on analysis of health care system in Pakistan state that Pakistan has always struggled due to its limited resources to make its health system a stronger one for its people. The authors have been appreciative of many pivotal steps by the Government of Pakistan in last few decades to strengthen the health system of country, specifically the lady health worker programme (LHW). The lady health workers are playing a key role in a national programme for family planning and primary health care system in Pakistan since 1993 by working with underprivileged communities at the grass root level and play a role of bridge between available health facilities and communities(Khan, 2019; Kazi et al., 2020).

Zubia et al., (2013) in their study have argued that the LHWs primarily provide door steps services for family planning and reproductive health specifically in a certain context where a patriarchal custom of seclusion limits the women's access to health care facilities. But this programme has been unable to achieve the ideal functioning due to the challenges faced by lady health workers. This research, apart from other key findings also highlighted the social distance between LHWs and those they intend to serve and the interplay of significant social, cultural and economic elements that truly shape the performance of LHWs. Zhu et al., (2014) pointed out that it is the health system of Pakistan which remains unsuccessful in raising socio-economic standards of lady health workers. The poor working environment includes physical harassment of LHWs in the field, inequitable resource allocation, and lack of human resource (Hassan et al., 2017; Mahmood, Hameed & Siddiqi, 2022). Hafeez et al., (2010) found that over the past two decade in Pakistan there has been an increase of the lady health workers to its current level however still there are many challenges that are being faced by the lady health workers in the field that needs to be addressed on priority basis.

Method and Procedure

It is aqualitativestudy based on interpretative school of thoughts. The study has used the inductive approach while investigating the phenomenon. Data has been collected using method of focus group discussion (FGD). Two FGDs were conducted from each district of South Punjab known as Muzaffargarh and Rajunpur. The list of lady health workers working in these districts was obtained from Health department Punjab and researcher randomly selected potential participants. Later, these lady health workers were contacted and eight were finally selected from each district for two focus group discussions.

Data Collection and Data Processing Procedure

While obtaining permission from the medical superintendent (MS)of district headquarter hospitals (DHQs) in Muzzafaragarh and Rajunpur, the focus group discussions were conducted in the DHQ of each district. The focus group discussions were audio recorded, and the researcher kept taking notes during FGD. The mode of language in FGD was Punjabi and Urdu which was afterwards translated into English. Before beginning the group discussion, the researchers made respondents comfortable by introducing themselves and explained the objectives of the study. Participants were given the opportunity to ask questions during group discussion. The topic guidelines were developed considering the existing literature and questions which addressed broad set of themes including socio-economic status of the respondents, their role in maternal health care and challenges while working in communities.

Data Analysis

Data analysis was done by theresearcher manually while using a thematic analysis. All initial codes related to the research questions were joined together and transferred into a theme. As the researcher continued the process of analysing data, the inductive themes kept emerging which facilitated theresearcher to apply the analytical induction and continuous comparison of the categories. The themes primarily emerged during note taking, transcribing data, translating and interpreting data (Cresswell & Poth, 2016). The findings and conclusion of the study were drawn from data collected. By reaching a mutual consensus among authors the credibility of research was ensured. Moreover, the inclusion of a perspective from a researcher originating from a different cultural background checking the analysis also helped off to maintain trustworthiness.

Ethical Considerations

The Institutional Ethical Review Board, University of the Punjab reviewed and approved the study protocol. The principles of anonymity, confidentiality and respect were kept in consideration while conducting focus group discussion. So, the prior permission was taken from Health department. Moreover, the study respondents were also ensured that their discussion will be kept confidential and anonymity of their views will also be maintained.

Results

Socio-Economic Status of Respondents

The total number of sixteen LHWs took part in both FGDs. The average age of the respondents was between 35 to 45 years of age. The majority (10) reported being married with average three children. As far as the average income of the respondents was concerned, nine out of sixteen declared salary as a main source of income whereas the average monthly income of the respondents was between 30 to 40 thousand Pakistani rupees. The greater majority (11) reported having more than 10 years' experience in the field. On asking about education of lady health worker, 7 out of 16 reported to have intermediate level education, three possessed matriculation certificates, three were bachelor degree holder and other three reported having master's degree. The LHWs however complained of the economic challenges they have been facing. One of them said:

> I do not do anything else and take my job very seriously. Had the passion of serving humanity was not been with me, I might have quit that job very early. I don't think what I am paid is justified. We travel but do not get sufficient travelling allowance. I have to contribute in my house especially on education of my kids but being underpaid truly shatter my dreams.

Availability of Equipments and Other Supplies

After the completion of training, the lady health workers are given general medical equipment's and as the study focused on maternal health, the respondents reported of being given contraceptive pills, condoms and other primary health care related instruments while working in the field. However, the half of the respondents showed their satisfaction on provision of the equipment's, whereas the other half had complaints. One of them stated,

> "It has been 3 years since I am using this stethoscope, the rural community gets great satisfaction only if we check their blood pressure so use of this only instrument is extensive, but it has been two months since I have reported about need of this device".

Another contributed,

> "The poverty in rural and urban slums makes people unable even to buy a simple pain killer. Also we do sometime have primary supplies for making women aware

> of family planning methods but the supplies from health department are not consistent. We truly cannot satisfy our client and majority of them are women who consider us doctor"

Challenges and Issues in the Field

The lady health workers reported challenges they face during their field visits to communities. They narrated challenges including the geographical features of south Punjab and the underdevelopment of the area both in terms of physical and socio and cultural factors. The greater majority reported walking many kilometers and door to door visits on daily basis to access the communities. One of the respondents shared,

> "Mobility of women is never free of certain element of harassment in our country unfortunately. Travelling is the demand of our job and here in south Punjab, the less access to public transport, and road condition are already in bad shape. In addition to that sometimes we have to work in field in late hours. We do face physical harassment during our mobility".

Another stated,

"The economic crisis we face due to less attractive salary package prevent us using public transport. Eventually we travel on foot which make us vulnerable to many type of harassment"

Maternal Health, a Taboo in Rural Communities

As the research primarily focused on lady health workers role on maternal health care so the researcher asked question on maternal health care seeking behaviours of the community. The greater majority of respondents admitted that issues like maternal mortality in today's era is very much preventable. These are social and cultural factors that prevent women of rural and urban slums in taking advice on family planning methods, pre and post natal care, early marriages, women mobility to health centers, avoiding traditional birth attendant and certain myths during pregnancy.

One of the respondents said,

> "The women overall status in South Punjab particularly presents a dismal picture. The high illiteracy rate, women dependency on men, less access to economic resources, lack of decision making is common. The average age of marriage of

girls here is 16 years and every year you will see these girls giving birth to a child. Their access to health centers is even restricted in absence of men in the name of purdah (veil)".

Another reported,

"The traditional birth attendants, the role of spiritual healers in influencing heavily on maternal health seeking care in these areas. When we talk to the family on approaching the health center, following pre, post natal care and avoiding certain myths, we are sometime threatened by mother in law or men of houses to stay away from these girls".

The Influence of Gate Keepers of Communities

The respondents mentioned the influences of certain members of rural and urban slum communities to greater extent on their working. The greater majority reported of Fatwa (A legal opinion by Islamic scholar) and advice on contraceptive pills, spacing among children, medical check-ups etc. In addition to that role of local political representatives, administrators and head of mosques create obstacle towards their role of LHWs, specifically towards maternal health seeking behaviors. It is sensitive for these people talking to their women on these issues.
One said,

"I was once stopped in main bazar by local Nazim (elected person in local government system) who claimed that I talked against Islamic values particularly when I talk of spacing in children and early marriages. I was threaten to burn alive and was verbally abused".

The respondent's reported of high rate of maternal death at home due to above mentioned facts. One further revealed,

"Everything for them is Haram, right from ultrasound to consulting a doctor for maternal care to using contraceptive method. The misuse of religion and so called religious scholars of area further add fuel to fire".

The respondents were of the view that these influential people due to their petty benefits like holding power on poor people by keeping them miserable, uneducated, unaware thus play havoc with lives of people.One respondent in state of anger added,

“These poor people are under debt of these influential people. These people act as god in their lives”.

Satisfaction Level from Health Department

The LHWs reported of training and other different refreshers courses on annual basis which are mandatory for them to attend. However a large number of respondents made complaints of such course on regular basis being conducted in much developed regions rather than underdeveloped districts of south Punjab. One respondent added,

“It has been two years since there have been any refresher courses in our districts. How can you expect our up to mark performances if we are not trained as per changing needs”?

Another LHW said,

> “We visit approximately 150 to 200 households on weekly basis. We are overburdened. It is humanly not possible to carry our professional responsibilities specifically in absence of good salary packages, non-conducive working environment and other benefits”.

Suggestions to Meet Challenges

One of the worker clearly stated while many other endorsed,

*“*We need economic and social security. The amount of efforts we are putting does not justify what we are delivering. Why does not all major departments whether it is health department or media highlight our role, tell people what exactly we do”?

Another LHW stated,

> “We can be wind of change, we are wind of change. The reasonable raise in our salaries, the facilitation from health department, and the transportation facilities can help us to use best of our capabilities. In addition to that the training and our constant education and facilitation in this regard can truly bring fruitful results”.

Another added,

"Advising women to visit further public maternal health care facility is not acknowledged mostly further at government hospital. Make our referral strong and give us equal respect, just like doctors."

Discussion

The research indicates that lady health workers life is not free of challenges and it is a life which has greater elements of threats, abuse and stress. The significance of lady health worker programme cannot be denied in Pakistan whether it is about maternal health, child health care, polio campaigns and their presence in other health care activities (Hafeez et al., 2011; Gillani et al., 2021). Since 1994, the Lady Health workers role is to bring down health related figures but today it seems the social and economic crisis have undermined the abilities of these brave workers. The maternal health issues, specifically the maternal mortalities can be very much preventable in Pakistan. The certain social and cultural factors are pivotal to address in order to keep maternal mortalities low in country (Winkvist & Akhtar, 2000, Asim et al., 2021; Kachoria et al., 2022). Beside that it is a challenging job to work in regions like South Punjab where number of socio-economic and cultural factors make the area underdeveloped (Ahmad & Faridi, 2020). The current research has indicated number of hurdles and challenges in the way of lady health workers which include their low salaries, their fight with social and cultural elements, the harassment, abuse, threat factor and role of health department in different manners in creating awareness on maternal health seeking behaviours. The LHWs are addressing the sensitive issues while working in maternal health like use of contraceptive methods, stress on pre and post natal care, early marriages etc. The study revealed the LHWs are working on empowering women through different means (Khan, 2008; Ahmed, 2020; Ahmad et al., 2022).The LHWs work in difficult situations. In conservative urban and rural slums, during their field work, they are often criticized for carrying out tasks which are believed un-Islamic by gate keepers of communities. Their families, particularly husbands, mother in laws and elders of houses usually oppose their work, which force them to enter the communities of strangers. The study found that the problems faced by many of the LHWs largely attributed to male dominant society, the patriarchal issue. The administrative issues and their socio- economic statusfurther add burden and stress on these LHWs.

Conclusions and Recommendations

The study concluded that reasonable financial salary packages and some defined duties with less burden on lady health workers are important in order to increase their working capacities.Social institutions are supposed to play important role to introduce these LHWs in communities to prevent the negative attitudes of people specifically when they work on sensitive areas like maternal health. Health departmental trainings, provision of required equipment, and other supplies need to be provided without any interruption.The study strongly recommends the general improvement in living standard of people and addressing the patriarchal society and misinterpretation of religion in significant health issues are important to improve maternal health care in Pakistan.

Policy Relevance

The study will be helpful for policy makers, health department and other government agencies. It may assist them to formulate and plan better maternal health care programmes while focusing on hurdles in its way like the socio-cultural issues and improving the working of existing programmes like LHWs in country.

References

Afzal, S., Naeem, A., Shahid, U., Syed, W. N., Khan, U., & Zaidi, N. M. (2016). Effective role of lady health workers in immunization of children in Pakistan. *Pakistan journal of medical sciences*, vol.32:6, p.1500.

Ahmad, R., & Faridi, M. Z. (2020). Socio-Economic and Demographic Factors of Poverty Alleviation in Pakistan: A Case Study of Southern Punjab. *Review of Economics and Development Studies*, vol.6:2, pp.425-438.

Ahmed, F., Malik, N. I., Malik, N., Qureshi, M. G., Shahzad, M., Shahid, M., ... & Tang, K. (2022). Key challenges to optimal therapeutic coverage and maternal utilization of CMAM Program in rural Southern Pakistan: A qualitative exploratory study. *Nutrients*, vol.14:13, p.2612.

Ahmed, S. (2020). 'I am my own person,'women's agency inside and outside the home in rural Pakistan. *Gender, Place & Culture*, vol.27:8, pp.1176-1194.

Asim, M., Saleem, S., Ahmed, Z. H., Naeem, I., Abrejo, F., Fatmi, Z., & Siddiqi, S. (2021, October). We won't go there: barriers to accessing maternal and newborn care in District Thatta, Pakistan. In *Healthcare* (Vol. 9, No. 10, p. 1314). MDPI.

Aziz, A., Saleem, S., Nolen, T. L., Pradhan, N. A., McClure, E. M., Jessani, S. & Goldenberg, R. L. (2020). Why are the Pakistani Maternal, Fetal and Newborn Outcomes So Poor Compared to Other Low and Middle-Income Countries? *Reproductive Health*, vol.17:3, pp.1-12.

Creswell, J. W. & Poth, C. N. (2016). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. Sage Publications.

Gillani, S., Ahmad, T. I., Wang, F., & Shafiq, M. N. (2021). Antenatal Care (ANC) Coverage, Health Infrastructure, and Postnatal Care (PNC) Services Utilization: A District Level Analysis of Punjab-Pakistan. *iRASD Journal of Economics*, vol.3:3, pp.318-331.

Hafeez, A., Khan, Z., Bile, K. M., Jooma, R. & Sheikh, M. (2010). Pakistan Human Resources for Health Assessment, 2009. *Eastern Mediterranean Health Journal*, vol.16 (Supplement), p.S145.

Hafeez, A., Mohamud, B. K., Shiekh, M. R., Shah, S. A. I. & Jooma, R. (2011). Lady Health Workers Programme in Pakistan: Challenges, Achievements and the Way Forward. *JPMA. The Journal of the Pakistan Medical Association*, vol.61:3, p.210.

Haq, Z., Iqbal, Z., & Rahman, A. (2008). Job stress among community health workers: a multi-method study from Pakistan. *International journal of mental health systems*, vol.2:1, pp.1-6.

Hassan, A., Mahmood, K. & Bukhsh, H. A. (2017). Healthcare System of Pakistan. *IJARP*, vol.1:4, pp.170-173.

Jafree, S. R., Mahmood, Q. K., Mujahid, S., Asim, M., & Barlow, J. (2022). Narrative synthesis systematic review of Pakistani women's health outcomes from primary care interventions. *BMJ open*, vol.12:8, p.e061644.

Kachoria, A. G., Mubarak, M. Y., Singh, A. K., Somers, R., Shah, S., & Wagner, A. L. (2022). The association of religion with maternal and child health outcomes in South Asian countries. *Plos one*, vol.17:7, p.e0271165.

Kazi, A. M., Qazi, S. A., Ahsan, N., Khawaja, S., Sameen, F., Saqib, M., ... & Stergioulas, L. K. (2020). Current challenges of digital health interventions in Pakistan: mixed methods analysis. *Journal of medical Internet research*, vol.22:9, p.e21691.

Khan, A. (2011). Lady health workers and social change in Pakistan. *Economic and Political Weekly*, 46 (30), 28-31

Khan, A. (2011). Lady Health Workers and Social Change in Pakistan. *Economic and Political Weekly*, pp.28-31

Khan, S. A. (2019). Situation analysis of health care system of Pakistan: post 18 amendments. *Health Care Current Reviews*, *7*(3), 244.

Kurji, Z., Premani, Z. S. & Mithani, Y. (2016). Analysis of the Health Care System of Pakistan: Lessons Learnt and Way Forward. *J Ayub Med Coll Abbottabad*, vol.28:3, p.601.

Lassi, Z. S., Kahn, Z. & Zulliger, R. (2020). Pakistan's Lady Health Worker Program. *Health for the People: National Community Health Worker Programs from Afghanistan to Zimbabwe*, 315.

Mahmood, S., Hameed, W., & Siddiqi, S. (2022). Are women with disabilities less likely to utilize essential maternal and reproductive health services?—A secondary analysis of Pakistan Demographic Health Survey. *Plos one*, *17*(8), e0273869.

Mujahid, N., Ali, M., Noman, M. & Begum, A. (2015). Dimensions of Women Empowerment: A Case Study of Pakistan. *Dimensions*, vol.6:1, pp.37-45.

Mumtaz, Z., Salway, S., Nykiforuk, C., Bhatti, A., Ataullahjan, A. & Ayyalasomayajula, B. (2013). The Role of Social Geography on Lady Health Workers' Mobility and Effectiveness in Pakistan. *Social Science & Medicine*, 91, pp.48-57.

Mumtaz, Z., Salway, S., Shanner, L., Zaman, S., & Laing, L. (2012). Addressing Disparities in Maternal Health Care in Pakistan: Gender, Class and Exclusion. *BMC Pregnancy and Childbirth*, vol.12:1, pp.1-10.

Pfeiffer, C., & Mwaipopo, R. (2013). Delivering at home or in a health facility? health-seeking behaviour of women and the role of traditional birth attendants in Tanzania. *BMC pregnancy and childbirth*, *13*(1), 1-10.

Riley, I. D., Hazard, R. H., Joshi, R., Chowdhury, H. R. & Lopez, A. D. (2019). Monitoring Progress in Reducing Maternal Mortality Using Verbal Autopsy Methods in Vital Registration Systems: What Can We Conclude About Specific Causes of Maternal Death? *BMC Medicine*, vol.17:1, pp.1-4.

Shaikh, B. T., & Hatcher, J. (2005). Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of public health*, *27*(1), 49-54.

Winkvist, A. & Akhtar, H. Z. (2000). God Should Give Daughters to Rich Families Only: Attitudes towards Childbearing among Low-Income Women in Punjab, Pakistan. *Social Science & Medicine*, vol.51:1, pp.73-81.

World Health Organization. (2019). Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

Zhu, N., Allen, E., Kearns, A., Caglia, J. & Atun, R. (2014). Lady Health Workers in Pakistan: Improving Access to Health Care for Rural Women and Families. *Boston: Harvard School of Public Health*.

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